

PERSONAL INFORMATION

MIDWESTLUMBE

E: OFFICE@MIDWESTLUMBER.COM

A: 1007 N. ORANGE BUTLER, MO 64730 **P**: 660.679.3137 **F**: 888.400.0584

Midwest Lumber & Supply, Inc. **DBA Midwest Lumber** 1007 N. Orange Street Butler, MO 64730

Midwest Lumber & Supply II, LLC **DBA Midwest Lumber** 26712 S. Brick Plant Road Harrisonville, MO 64701

Midwest Millwork & Truss, LLC **DBA Midwest Lumber** 1007 N. Orange Street Butler, MO 64730

Employment Application

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Name:				
Phone Number:				
CDL: YES or NO				
EMPLOYMENT DES	IRED			
Position:	Start Date:		Salary Desired	d:
Full Time:	Part Time:	Circle Availabili	ity: M T W Th F Sa	t Sun
Are you currently en	nployed? YES or NO I	f so, who is your prese	nt employer?	
Have you ever appli	ed to this company befo	ore? YES or NO		
EDUCATION				
Schools / Colleges Attended			Last Year Completed	Did You Graduate?
				<u></u>
SPECIAL SKILLS				
Describe any specia	l skills or qualifications	for this work:		
	· 			

EMPLOYMENT / WORK EXPERIENCE

Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

1) Employer:	
Job Title:	Supervisor:
Street Address:	
City / State / Zip:	Phone:
Describe Duties/Responsibilities/Accomplishments:	
Reason for Leaving:	Salary:
Date of Employment (Month/Year) From:	To:
2) Employer:	
Job Title:	Supervisor:
Street Address:	
City / State / Zip:	Phone:
Describe Duties/Responsibilities/Accomplishments:	
Reason for Leaving:	
Date of Employment (Month/Year) From:	•
3) Employer:	
Job Title:	
Street Address:	·
City / State / Zip:	
Describe Duties/Responsibilities/Accomplishments:	
Reason for Leaving:	
Date of Employment (Month/Year) From:	
DEDCOMAL DEFEDENCES	
Places preside the following information for 2 personal references	
Please provide the following information for 3 personal references.	
1) Name:	Relationship:
How Long Known:	Phone Number:
2) Name:	Relationship:
How Long Known:	Phone Number:
3) Name:	Relationship:
How Long Known:	Phone Number:



MIDWESTLUMBER

E: AP@MIDWEST-LUMBER.COM

A: 1007 N. ORANGE BUTLER, MO 64730

P: 660.679.3137

F: 888.400.0584

Midwest Lumber & Supply, Inc.

DBA Midwest Lumber

1007 N. Orange Street

Butler, MO 64730

Midwest Lumber & Supply II, LLC DBA Midwest Lumber 26712 S. Brick Plant Road Harrisonville, MO 64701 Midwest Millwork & Truss, LLC

DBA Midwest Lumber

1007 N. Orange Street

Butler, MO 64730

AUTHORIZATION

Midwest Lumber is referred to as the 'Company' throughout this section.

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire or dismissal if I have been employed, no matter when discovered by the Company.

I authorize Midwest Lumber to investigate any statement contained in this application, and to obtain a credit report on me (and my company if this application is for reselling by a company) as necessary to determine my qualifications. I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed terms, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises bind upon the Company unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I understand that I am required to abide by all rules, regulations, and policies of Midwest Lumber. The Company retains the right to revise its policies or procedures, in whole or part, at any time.

Signature:	Date:
Print Name:	